

Dr. Hall with U. S. District Judge Luther Youngdahl of Washington, D. C., who spearheaded revolution in Minnesota's mental health program during two terms as governor. In address before Richland County Mental Health Association, Youngdahl told how Minnesota's legislature adopted "bill of rights" for mentally ill, doubled annual appropriation for mental hospitals and simultaneously approved \$20,000,000 building program. Youngdahl challenged South Carolinians to create "people's lobby" on behalf of mentally sick. Unless all men are treated in light of their God-given right to dignity and individual worth, democracy will be undermined and freedom lost, he declared.



A Personal Message To South Carolinians

By William S. Hall, M.D.
Superintendent, State Hospital

"Mental Health . . . Progress and Promise . . . 1952-1972"

This is no empty slogan. Striking progress has been made in the battle for mental health since 1952. Because of recent breakthroughs, the future was never so promising.

Yet there is no room for complacency. In a real sense, we have just begun to fight. To be sure, the forces committed to the battle have been greatly reinforced. The medical staff at the State Hospital has been tripled since 1952. But the ranks are still woefully thin.

Your own freedom and happiness may be at stake in all of this. "The silent crippler" afflicts one person in ten so severely that he must be placed in a mental hospital, losing his freedom for a time. No one can be sure of escaping this fate.

At this point a clear moral issue is raised. Do we dare to curtail human freedom without doing our utmost to restore it? Is not the state deeply obligated to provide adequate treatment for those it admits to mental hospitals?

After all, 96 per cent of these people have committed no crime. They are sick, that's all. Now, if a criminal is wounded by a policeman or if a shiftless man needs an operation, our society provides free treatment costing \$16 to \$24 per day. The mentally ill are not so fortunate.

South Carolina provides just over \$3.00 per day for the total care and treatment of a mental patient. Only four states do less. The national average is more than \$2.00 per day higher than ours now and it is rising faster than ours.

As a result, the State Hospital is critically short of doctors, nurses and other therapists (see page three). This shortage is so great that we are able to treat intensively only 15 per cent of our patients at any one time.

The great majority of those receiving intensive treatment are newly-admitted patients. Most of them go home within three months. Were it not for this rapid turnover, the hospital's population would skyrocket (admissions, nearly doubled since 1952, reached 3,464 during the past fiscal year).

Many longer-term patients on chronic wards would benefit if our professional staff was large enough to render adequate treatment throughout the hospital.

Completion of an ultra-modern receiving and intensive treatment facility this year will markedly increase the hospital's effectiveness as a treatment center. However, its opening may be delayed several months for lack of funds.

Housing conditions at the hospital in 1952 were deplorable. Now many patients occupy fairly-new or reconditioned quarters and the general situation is more tolerable.

However, shameful over-crowding persists in most areas. Ten years ago a patient population of 5,570 was jammed into quarters designed for 3,700 (allowing 70 square feet per person). Today, after \$8,700,000 has been spent for new buildings, overcrowding still exists to the extent of 1,673 patients (6,494 occupy spaces designed for 4,823).

The new receiving center and soon-to-come additions to ward buildings will provide for slightly over 400 patients. But population growth continues, albeit at a slower rate. And some of our older buildings now inhabited should be replaced.

All told, it is estimated that \$10,000,000 will be required for renovations and new ward buildings to cure this overcrowding. Other urgent building needs would cost an estimated \$5,000,000.

Perhaps the most promising sector in our mental health battle is the fairly-new emphasis on community facilities (clinics, day and night-care centers, psychiatric sections in general hospitals, after-care clinics, emergency service and the like).

These local facilities are unlikely to decrease the needs of our central hospital very much very soon. But they can help keep our admissions within bounds and render a tremendous service to people with less-severe mental disease.

It is much easier for a mental patient to readjust to normal life if treatment is secured near his home. Once a patient enters a central mental hospital, the ranks of his community tend to close behind him. When he returns, he finds himself labeled an "outsider".

In summary, we still have a long way to go but we are on the road and we are doing our best to utilize the newer therapies and improved methods of care, as far as our budget permits.

We welcome especially the changes in public attitudes. People are showing more interest and concern and are discussing mental illness more freely. One result is that many people are seeking treatment voluntarily. The outlook for patients who want help is remarkably good. But every new demand for services strains our already-overloaded budget.

With thanks to the General Assembly for its continuing responsiveness to so many of our needs and with high expectations of results from new national emphases on mental health, we look toward the coming decade with confidence. We hopefully anticipate that its promise will be fulfilled in an ever-broadening solution to the nation's No. 1 health problem — mental illness.

State Hospital's Building Needs

A long-range plan of permanent improvements is being followed at the State Hospital.

Recent legislation made it possible for the hospital to issue up to \$5,000,000 in notes of the State for approved construction. Receipts from paying patients are pledged to pay off the notes. Budgetary officials have limited this borrowing to \$3,500,000 because of their estimate of the stability and size of this income (it amounted to \$441,400 last year).

Most of this \$3,500,000 has been spent or earmarked for early use. The hospital is now asking the legislature for power to continue issuing notes as rapidly as prior obligations are paid off. This would enable us to work away at our long-range plan.

New and renovated facilities for housing and treating patients dominate the long-range plan.

It includes a building for disturbed youngsters and special centers at both units of the hospital for older patients, with a total capacity of 750.

Two convalescent wards at each unit of the hospital would make life more pleasant for 400 improved patients who are able to enjoy access to the grounds and other privileges.

The plan gives top priority to an infirmary to replace the scattered and makeshift medical and surgical wards at the State Park Unit. The proposed 200-bed facility would relieve overcrowding to that extent.

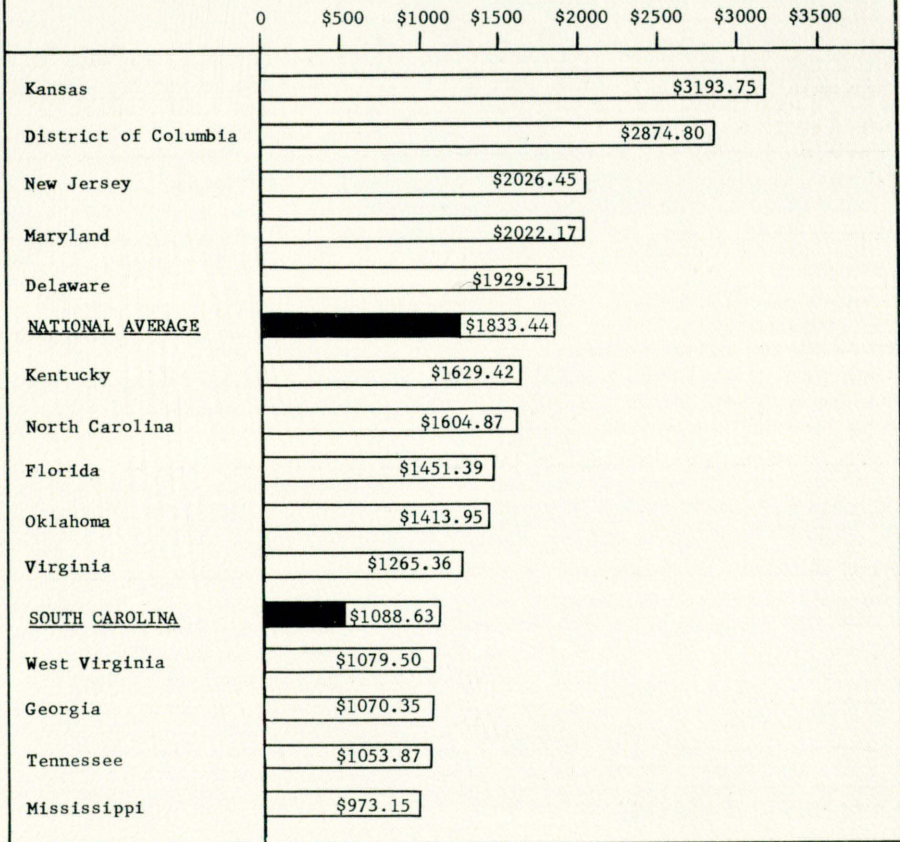
Nurses quarters for both hospital units are planned to replace inadequate accommodations and to house anticipated additions to the staff.

An addition to the receiving ward area of the State Park Unit would step up the unit's facilities for intensive treatment and relieve overcrowding by 150 beds.

Other items include administration buildings at both units, a central heating plant and shops for State Park, a chapel at State Park, housing for physicians enrolled in the Psychiatric Residency Training Program, an addition to the central supply depot and covered walkways for patients.

South Carolina State Hospital
Columbia, South Carolina

COMPARATIVE EXPENDITURES PER PATIENT PER YEAR 1960-61



Included in the listing are neighboring states as well as a few of the high per diem states for comparative purposes. It will be noted that 12 out of the 15 states listed are members of the Southern Regional Education Board Compact.

Source: Biometrics Branch, National Institute of Mental Health, United States Public Health Service, Bethesda 14, Maryland.

**PERSONNEL NEEDED FOR S. C. STATE HOSPITAL TO OPERATE
ACCORDING TO AMERICAN PSYCHIATRIC ASSOCIATION STANDARDS**

	Number Needed To Meet APA Standards	Present Personnel at Hospital	Additions Urgently Needed
Physicians.....	71	36	32
Nurses.....	420	112	100
Ward Aides (attendants)	1290	749	300
Occupational therapists	96	37	43
Clinical psychologists	16	9	10
Social workers	81	29	24

Estimated annual cost of additional personnel urgently needed based on present salary schedules: \$2,045,057. Figures based on assumption of continued 5½-day (or 44 hour) work week.

The Story of Progress: 1952-63

A happy combination of executive leadership and legislative initiative brought about a broad new attack on the problems of mental health in South Carolina, beginning in 1952.

For two years the plight of our "forgotten people" held the urgent attention of Governor James F. Byrnes and the General Assembly. Nearly \$9,000,000 flowed into State Hospital improvements during that period. The Mental Health Commission was created and mental health laws underwent general revision.

The Governor persuaded members of the General Assembly to visit the State Hospital and see for themselves conditions described by a special study committee made up of six legislators and three private citizens.

That committee study laid the foundation for all that followed. Rep. Werber Bryan of Sumter was chairman of the group. Rep. Ernest F. Hollings of Charleston, who was elected governor several years later, was one of its most active members.

Other members of the study group included Rep. Sidney D. Duncan of Richland, Senators William P. Baskin of Lee, Joe E. Berry of Richland and T. B. Bryant, Jr., of Orangeburg, and three governor's appointees: W. Herbert Smith, G. McMaster Ketchin and Mrs. Belton R. O'Neill.

Five years later another mental health study committee was named. Later it attained permanent status. Much of the progress dating from 1958 has stemmed from its investigations and recommendations.

Sen. Earle E. Morris, Jr., of Pickens has been chairman of the new Legislative-Governor's Committee on Mental Health and Mental Institutions since its organization. The group has become popularly known as the Morris Committee.

Projects successfully sponsored by the Morris Committee are too numerous to list here. Among those the committee has supported are the Community Mental Health Services Act of 1961, first such legislation in the South and seventh in the nation; the beginning of a residency training program at the State Hospital; a \$1,000,000 increase in the State Hospital's budget in 1960, largely for enlarging psychiatric treatment teams, and the provision of capital improvements funds at mental institutions supported by pay patients' fees.

Original members of the Morris Committee included Senators Frank E. Timmerman of Edgefield and Alexander H. Woodle of Greenwood, Representatives John C. Pracht, Jr., of Anderson, Harold D. Breazeale of Pickens and F. Mitchell Ott of Orangeburg, and Governor's Appointees Werber Bryan of Sumter, J. William Davenport of Spartanburg and Robert H. Lovvorn of Columbia.

Others who have served on the committee through the years include Senators Paul M. Arant of Chesterfield, John William Green of Clarendon and Henry C. Walker of Jasper; Representatives F. Marion Hinson of Marlboro, Guy Butler of Greenwood, James B. Stephen of Spartanburg and Charles M. Gibson of Charleston, and Governor's Appointee James H. Simkins of Greenville.

Steady progress continued at the State Hospital during the terms of Governors George Bell Timmerman, Jr., and Ernest F. Hollings.

Our new governor, Donald S. Russell, has shown considerable interest in mental health. He and Mrs. Russell attended the annual dinner for the General Assembly at the State Hospital and toured the hospital's wards afterward. In his inaugural address Governor Russell singled out mental health as one of the vital problems facing our people and he promised to address the legislature on the subject later.

The Mental Health Commission has been at the center of the entire State Hospital program, planning, initiating and supervising. Composed of five citizens who serve long hours without pay, the commission is the State Hospital's board of directors (or regents) and also supervises most of the balance of South Carolina's mental health program. It is charged with licensing and regulating all hospitals and institutions maintained for the treatment of the mentally ill, mentally defective, epileptic, drug addicted and alcoholic.

In 1952 the Mental Health Commission was composed of George A. Buchanan, Jr. of Columbia, chairman; Mrs. William R. Wallace of Chester, Dr. Olin B. Chamberlain of Charleston, Wilson W. Harris of Clinton and C. M. Tucker, Jr., of Pageland.

Mr. Tucker is now chairman of the commission. The other current members include E. Edward Wehman, Jr., of Charleston, John M. Fewell, M.D., of Greenville, G. Werber Bryan of Sumter and W. G. Edwards, Sr., of Columbia. Samuel G. Crews of Camden served on the commission for some time.

Dr. William P. Beckman, who joined the State Hospital staff in 1925 and served as its superintendent in 1951-52, became the first executive officer of the Mental Health Commission in 1952.

SOUTH CAROLINA STATE HOSPITAL

Columbia, South Carolina

GENERAL INFORMATION AND FACT SHEET

In 1821 the South Carolina Legislature authorized the construction of a hospital for the mentally ill. The first building, The Mills Building, was completed in 1827; one year later, December 12, 1828, the first patient was admitted there. One hundred years later, December 12, 1928, the admissions totaled 32,021. In the last 30 fiscal years, 55,228 patients have been admitted to the hospital.

Admissions for the year ending June 30, 1962, totaled 3,464.

Patient census 20 years ago -----	4,709
Patient census 10 years ago -----	5,570
Patient census this week:	
White Men Patients -----	1,547
White Women Patients -----	1,781
Negro Men Patients -----	1,688
Negro Women Patients -----	1,480
	<u>6,496</u>

Approved bed capacity prior to completion of new buildings	3,703	
Additional bed space provided by surplus appropriation in 1952, approximately \$ 4,500,000 -----	608	
(Note: 273 of these beds are replacements for the condemned Taylor Building which has been demolished.)		
Additional bed space provided by surplus appropriation in 1953, approximately \$ 4,200,000 -----	512	
	<u>4,823</u>	4,823
Overcrowding that exists after expenditure of approximately \$ 8,700,000 -----		1,673

Structures other than ward buildings partially provided for by above appropriations supplemented by the 1961 Bond issue of \$ 1½ million:

Kitchen-Bakery-Cafeteria Building -- Columbia Unit
Kitchen-Cafeteria Building -- State Park Unit
Auditorium-Library Building -- Columbia Unit
Auditorium-Library Building -- State Park Unit
Steam plant additions to provide heat for new buildings

<u>Estimated additional funds necessary for ward buildings to completely relieve overcrowding -----</u>	\$ 10,000,000
<u>Estimated additional funds necessary to provide urgently needed structures other than ward buildings -----</u>	<u>5,000,000</u>
Total funds urgently needed for permanent improvements -----	\$ 15,000,000

Per patient daily cost of operating State Hospitals:

United States Average	1961-1962	\$ 5.43
South Carolina State Hospital	1961-1962	3.11
South Carolina State Hospital	1962-1963	3.37 - estimated

Employee-Patient Ratios:

1 psychiatric aide to 8 patients)	These ratios reflect the total
1 nurse to 58 patients)	number of employees working with
1 physician to 197 patients)	patients for a 24-hour period.

Training Programs at the South Carolina State Hospital

Throughout the year senior medical students from the Medical College of South Carolina, Charleston, are here in small groups for intensive instruction in clinical psychiatry. Each summer, 12 to 15 medical students serve as junior interns.

October 1, 1961, the S. C. State Hospital's first psychiatric residency training program was activated. This three years program was approved by the Residency Review Committee for Psychiatry and Neurology, representing the American Board of Psychiatry and Neurology and the American Medical Association. The program designed to meet the urgent needs of our state for additional psychiatrists with broad training and experience in the specialty, is actively in operation with eleven residents. The faculty is composed of physician-psychiatrists of the hospital staff, as well as basic science lecturers from the Medical College of South Carolina, who visit here regularly for this program. There is affiliation with the Richland County Mental Health Clinic.

Clinical pastoral training is provided for theological students and/or clergymen on three levels. At intervals an orientation course in pastoral care is offered one day a week for ten weeks. A summer quarter of clinical pastoral training is provided for seminary students. While ministers may participate in a one quarter training experience, an increasing number participate in a one year residency in clinical pastoral training. The purpose of these courses is to assist the clergyman develop and increase his skills in the pastoral care of his parishoners.

The hospital renders another helpful service by providing a three months psychiatric affiliation course for student nurses who are enrolled in various schools of nursing throughout the state. Four classes, each of three months duration, are held per year. The present class, number 51, is composed of 72 student nurses.

The first group of 10 Public Health Nurses from 7 counties spent 5½ days at the hospital May 14-19, 1962, for orientation in psychiatric and mental health nursing. Of this number, 5 were county directors of nursing, and 5 were state consultants. The first group participated in the program to evaluate the content, and necessary recommendations were made for future groups. The second such orientation was for week of October 1, 1962, with 9 nurses from 6 counties participating. This program resulted from joint planning and effort of the South Carolina State Board of Health Public Health Nursing Department, the State Mental Health Nursing Consultants and the South Carolina State Hospital Nursing Department.

All psychiatric aides, Columbia and State Park Units, are given a formal orientation course in psychiatric nursing. This course was initiated in September 1953. An advanced course in psychiatric nursing for aides is now offered, with graduates being entitled "psychiatric technicians". In-service training programs are conducted for graduate nurses.

Research and Development Activities

A project that is now financed with state funds, but initially supported by a grant from the Department of Health, Education and Welfare, Public Health Service, National Institute of Mental Health, Bethesda, Maryland, is making possible the development of treatment and research activities in the hospital. These projects will utilize more of the various therapies for mental disease now available, and will be the means of providing varied approaches in the rehabilitation of patients.

Emphasized is the fact that this development program is not a separate effort apart from routine hospital work, but is an undertaking for the purpose of adding a more complete range of treatment in certain areas. The research part of the work will be directed toward determining which types of activities or treatments contribute most to the improvement of patients with certain types of emotional problems.

Another research project, now financed with state funds, but initially supported by a grant from the Department of Health, Education and Welfare, is making possible a social service research project which implements community planning for patients on trial visit (conditional discharge) status. This project provides the services of a field psychiatric social worker to coordinate and expedite full utilization of all the resources for rehabilitation in the community. The worker functions in close conjunction with the County Board of Health. The hope is that this program will demonstrate that such measures will bridge the gap between the hospital and the community and, in addition, that such services can be very effective in preventing the return of a large number of patients to the hospital for further care and treatment.

An effort is also being made to develop post hospital services in cooperation with the South Carolina Vocational Rehabilitation Department. Recognizing that vocational and economic security are essential to complete community adjustment, a Rehabilitation Department has been established to train and motivate patients nearing release so they may be better equipped to gain and maintain employment. The department supplies information to counselors in the 13 Vocational Rehabilitation Department district offices and to other community agencies so they may more effectively assist patients after release from the hospital.

Since 1931 the South Carolina State Hospital has worked closely with the U. S. Public Health Service in doing research work referable to malaria and other tropical diseases.

The hospital is now cooperating with the Psychology Department of the University of South Carolina in providing a variety of clinical experiences for graduate psychology students.

Volunteer Program

Approximately 930 workers, representing nearly all the religious faiths in the central South Carolina area, are performing a real service through the efforts of volunteers. You are encouraged to participate in and to support this "Good Neighbor Program".

WILLIAM S. HALL, M. D., Superintendent

March 22, 1963